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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE USE OF METRICAL WEIGHTS IN PRESCRIPTIONS.

BY PROFESSOR JOHN M. MAISCH,  
Of the Philadelphia College of Pharmacy.

The desirability of uniform values of the weights and measures in use among civilized nations, and the admirable simplicity of the French or metrical system, are so apparent that this standard is now not merely legalized; but has been adopted, and is actually used, by a large majority of the nations of Continental Europe. The inconveniences attending such a change are more due to the alteration of values than to the introduction of the system with which, through the Arabic numeration, every one is familiar, and the practical application of which we have in our monetary system. The intimate acquaintance with the latter must doubtless facilitate the comparison of values, the multiples and divisions of which are based upon the same system of decimal numeration. While the general introduction of the metrical system in the United States must be regarded merely as a question of time, it cannot be denied that considerable progress toward this end would have been made, if, in accordance with a resolution passed by the National Convention of 1870, for revising the pharmacopœia, the Committee of Revision had "abandoned in the pharmacopœia measures of capacity, and expressed the quantities in all formulas, both in weights and in parts, by weight." Coupled with the direction, "To include some part of the metrical system in the list of official

weights and measures," the parts by weight could scarcely have been expressed otherwise than upon the basis of the metrical system.

The different value of the *grain*\* as formerly used occasioned many difficulties in adapting formulas and doses to the weights of other countries; and for similar reasons the use of local values in measures and weights have long since been abandoned in all physical sciences, in favor of the metrical system. Medicine and pharmacy only lagged behind until a few years ago, when it was adopted also in the two branches named by nearly all civilized nations, except those speaking the English tongue, and the labor of translating the values contained in formulas and prescriptions is now almost exclusively confined to the systems of the troy weight, and the English and American apothecaries' measures, as arraigned against the metrical weight.

It may be remarked in this place that the pharmacopœias of Continental Europe and the prescriptions of physicians in those countries express all quantities by weight only, whether the material directed be solid or liquid. The greater exactness of gravimetric over volumetric measurement needs scarcely any argument, if the variation in volume under the influence of temperature is considered, and the difficulty of exact measurement in glass vessels of large diameter is taken into account. Moreover, weighing is more convenient, and those who have accustomed themselves to this method will only reluctantly change it for measuring again, if compelled to do so.

From long custom, physicians are apt to

\*The variation from our troy grains ranged in different countries between — 11 and + 46 per cent.

over-estimate the difficulties of writing prescriptions for liquid medicines by weights instead of measures. Medicines can be given in absolutely definite doses only, if divided by the apothecary; but their division by him is impracticable in case liquids are employed, and the familiar tea, dessert, and tablespoons are then resorted to for dividing the medicines at the bedside. How widely these approximate measures differ from each other, and to what extent the difference is increased by the manner of measuring with them, is well known. The apportioning of doses of liquid medicines would, therefore, offer no greater difficulty as long as these convenient and handy, but variable, measures must be employed in the sick-room.

Of the official liquid preparations which are prescribed for internal use, the alkaline solutions (of soda, potassa, and ammonia), the diluted acids, and the solutions of some salts (ammonium acetate, potassium citrate, etc.), do not differ materially in bulk from an equal weight of distilled water, this difference being less, particularly for the quantities representing their medicinal doses, than the variations of the popular approximate measures by which liquid medicines are taken. Tinctures and fluid extracts vary to a greater extent in density, not only from water, but likewise among themselves. The apportioning of their doses by weight, however, would be an easy matter if the resolution of the National Convention above referred to had been carried out; for a given weight of the preparation would then represent a definite weight of the drug, and the proportion of the weight of the drug to that of the preparation would, for tinctures, most likely be 1 : 5 or 1 : 10, the standard generally adopted in Europe. Our present tinctures made with alcohol and diluted alcohol, in the proportion of two troy ounces to the pint, are very nearly of the strength 1 : 6½ and 1 : 7 respectively; and those containing three troy ounces to the pint, 1 : 4½ and 1 : 5. *Tinctura opii* is in the proportion of 1 : 11½, and *tinctura opii camphorata*, 1 : 250 (for opium). It will be observed that the changes necessary in the official formulas to bring them in harmony with the metrical system are by no means as great and revolutionary as is sometimes supposed, particularly if the necessary, or at least desirable, change in the alcoholic strength of the menstruum is taken into consideration.

A uniform standard of strength for fluid extracts would most likely be the proportion of 1 : 2; or to give it in the metrical system 5 : 10; for the proportion 1 : 1 is unattainable in all cases where sugar or much glycerin is requisite for preservation; and it appears to be desirable to adhere to an adopted standard, also, for those in the preparation of which alcohol or stronger alcohol is exclusively employed.

Of the remaining liquid medicines, the doses by weight can be as easily acquired as by minims or fluid drachms; but for those who have already become conversant with the measures now in use here, the following observations will offer all requisite facilities for converting them into weights. Ether having the specific gravity .750, occupies precisely the same volume as 1½ time its weight of water, and the difference in the volume of stronger ether (specific gravity .720) is considerably within the limits of variation of the approximate measures; or in other words, three parts by weight of ether occupy the same space as four parts by weight of water. The relation of the weight of *spiritus ætheris compositus* (specific gravity .815) and *spiritus ætheris nitrosi* (specific gravity .837) to volume is very nearly as 4 : 5, that is to say, four parts by weight of the preparations named occupy (a little less than) the same space occupied by five parts of water.

Glycerin (specific gravity 1.25) has a proportion of weight to volume as 5 : 4; syrups (specific gravity 1.317) nearly as 4 : 3; chloroform (specific gravity 1.48) nearly as 3 : 2, i. e., 1½ part by weight of glycerin, 1½ part of syrup, and 1½ part of chloroform, occupy, approximately, the same volume as 1 part of water.

If the relative density of the official liquids is not lost sight of, it will be seen that there is no great obstacle in the way of prescribing by metrical weights even the preparations of our present pharmacopœia, except in the cases of fluid extracts, which vary so considerably that no reliable rule can be given for their relative proportion of weight to volume. But, with this exception, the task is comparatively easy, if it is remembered that for all practical purposes one gramme equals 15 grains—that two tablespoonfuls, i. e., 1 fluid ounce, of water weigh 455.69 troy grains, or (within less than 8 grains) precisely the same as 30 grammes (463 grains). 15 grammes of water or its equivalent in bulk of other liquids is, therefore, to be taken as equal to the tablespoonful;

7.5 to 8 grammes of water or its equivalent to the dessertspoonful; and 3.7 to 4 grammes to the teaspoonful.

Applying these values to the heavier and lighter liquids, it will be seen that—

$15 \times \frac{1}{4} = 11.25$  grammes ether,  
 $15 \times \frac{1}{4} = 18.75$  grammes glycerin.  
 $15 \times \frac{1}{4} = 22.50$  grammes chloroform,  
 $15 \times \frac{1}{4} = 12$  grammes spir. æther. comp. (or nitr.),  
 $15 \times \frac{1}{4} = 20$  grammes syrup,

are, in measure, equal to about half a fluid ounce, and that the deviation from this measure is in each case considerably less than the difference in the amounts obtained by scant and full measurement with the same tablespoon, or between different patterns of that useful domestic utensil.

The average doses of these liquids, expressed in metrical weights, are, therefore—

	Grammes.	Teaspoonful.
Ether	11.25 : 8 = 1.40	or $\frac{1}{2}$
Spr. æth. comp. and		
Spr. æth. nitr.	12 : 4 = 3.00	or 1
Chloroform	22.50 : 8 = 2.80	" $\frac{1}{2}$
Glycerin	18.75 : 4 = 4.70	" 1
Syrups (some)	20 : 4 = 5	" 1

For the conversion of grain-weights of solids into grammes, close approximations to the correct weight, within the fraction of  $\frac{1}{4}$ , are obtained by dividing the number of grains by 15. The error resulting from this rule is best appreciated by comparing the results obtained with the larger weights, thus:—

	Correct Weight.	Difference Grammes.	Grains.
grs. lx give $\frac{40}{15} = 4.00$	3.887	0.113	1.7436
3j " $\frac{480}{15} = 32.00$	31.100	0.90	13.89

The actual difference obtained by the above rule amounts, therefore, to rather less than a plus of  $1\frac{1}{2}$  grains for the drachm, and 14 grains for the troy ounce.

A few examples may yet be added to show the insignificance of this difference for smaller weights; thus we obtain for

	Actual Weight.	Difference Grammes.	Grain.
gr. x, $\frac{10}{15} = 0.66$	0.648	0.012	less than $\frac{1}{5}$
gr. viij, $\frac{8}{15} = 0.53$	0.518	0.012	" $\frac{1}{5}$
gr. ij, $\frac{2}{15} = 0.20$	0.194	0.006	" $\frac{1}{10}$
gr. ij, $\frac{2}{15} = 0.13$	0.129	0.001	nearly $\frac{1}{15}$
gr. j, $\frac{1}{15} = 0.066$	0.065	0.001	" $\frac{1}{15}$

In prescribing by metrical weights, the amounts should in all cases be expressed in grammes and decimal fractions of grammes, and with Arabic numerals, in which case no signs or abbreviations are required; a few

examples of prescriptions written in the usual manner, with their (practical) equivalents in metrical weights, will readily explain this, and show the greater clearness of the latter method, and the less liability to error from indifferently made signs and Roman numerals.

R. Potassii iodidi, ʒij 8.00  
 Iodinii, gr.ij 0.13  
 Aquæ, f.ʒss 15.00  
 Syr. sarsap. comp., f.ʒiiiss 140.00

Dose.—One tablespoonful containing one gramme (15 grains) potassium iodide, and 0.016 ( $\frac{1}{4}$  gr.) iodine.

R. Potassii nitrat., ʒiiss 6.00  
 Vin. antim., ℥xl. 2.66  
 Tinct. digitalis, fʒj\* 3.50  
 Mucil. acaciæ, f.ʒss 20.00  
 Aquæ, f.ʒiiij 90.00  
 Syrup. aurantii, f.ʒj 40.00

A tablespoonful of this mixture contains 0.66 (10 grains) of potassium nitrate, 0.0012 ( $\frac{1}{4}$  grain) tartar emetic, and 0.055 ( $\frac{1}{2}$  grain) digitalis.

R. Morphie sulphat., gr.j 0.066  
 Pulv. digitalis, gr.vj 0.40  
 Sacchari albi, ʒiiss 2.00 M.

Divide in chart. No. xij.

Each powder contains 0.0055 ( $\frac{1}{2}$  grain) morphia, and 0.033 ( $\frac{1}{2}$  grain) digitalis.

R. Quinise sulph., gr.xij 0.80  
 Pulv. opii, gr.ijj. 0.20  
 Syrupi, q. s.

Fiant pil. No. xij.

Each pill contains 0.066 (1 grain) quinia and 0.016 ( $\frac{1}{4}$  grain) opium.

R. Atropiæ, gr.ss 0.033  
 Alcohol., q. s.  
 Adipis, ʒj. 4.00 M.

Atropia ointment.

It is the writer's opinion that physicians could very materially promote the introduction of the metrical weights, since by writing their prescriptions in the manner indicated, they would at the same time compel apothecaries to procure a suitable set of weights, which would save them the trouble of calculating the grammes into grains and troy ounces; such a movement would be a great step toward carrying out the resolution of the Convention of 1870, and toward harmonizing the strength of the various pharmaceutical preparations with those of other pharmacopœias, or at least bringing them into a simpler relation.

\* Representing  $7\frac{1}{2}$  grains of digitalis; menstruum diluted alcohol.

## A CASE OF HEMIOPIA.

BY H. S. SCHELL, M. D.,

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia, Pa.

H. C. V., aged 48, married, a machinist by occupation, came to the hospital dispensary on the 15th of April, 1876. He complained that on the previous day, while turning a screw on a lathe, he noticed that he could no longer cut the thread accurately, in consequence of his chisel sinking too deeply into the material on the left side. He found, also, that it was dangerous for him to try to get about the shop; being unable to avoid coming in contact with some of the machinery. When he went into the street he fell over children and wheelbarrows, and ran against lamp-posts, if on his left side.

On testing his vision it was found equal to  $\frac{30}{200}$  Sn., but that the left half of the field in both eyes was blotted out. A vertical line, situated a trifle to the left of the point of fixation, separated good vision from absolute blindness. In looking at a card of test-letters he saw only those on the right half of the sheet. He said he felt perfectly well in every other respect. There were, however, a few suspicious-looking, dark red spots on the right side of the face and forehead; and although he positively denied ever having exposed himself to the possibility of syphilitic contagion, and stated that his wife and five children, ranging from seventeen to two years of age, were all perfectly healthy; and although I could find no additional indication of venereal disease, I prescribed iodide of potassium in ten-grain doses three times a day.

Five days later he returned with slight conjunctivitis in the right eye, and complaining of a stiffness about the neck and a feeling of pressure in the head. No pain was elicited, however, upon gentle tapping. Pulse 80. The dose of potassium iodide was increased to twenty grains.

On the 27th he came back, supported on the arm of a friend, and even in this way, although aided by a stout cane, walked with difficulty. There was incomplete left hemiplegia, and he complained of neuralgic pain in the left shoulder. There was neither optic neuritis nor choked disk. The eye-ground looked normal. The dose of potassium iodide, was increased to thirty grains four times a day.

May 2d. The paresis was slightly improved

in the leg, but worse in the right side of the face. The hearing remained unaffected. Pulse 96.

9th. Considerable general improvement, but pulse 108. Field of vision enlarging.

11th. Field of vision extended to normal area in both eyes, except a small scotoma in lower left quadrant. Retinal arteries diminished to half the diameter of the veins, which look swollen. Disk normal.

16th. The descending vein in both eyes is four times the diameter of its artery, which is thread-like. Ascending vein and artery same as on the 11th. Disk pale. The hemiplegia has been rapidly improving, although the arm is still weak.

26th. Came to report that he was quite well and should return to his work next day. Pulse 84. The small scotoma however remains.

A very enticing diagnosis in this case is that of a syphiloma in the course, or at the origin, of the left optic tract. It is indeed quite probable that the lesion was specific in its nature, notwithstanding the apparently frank statement of the patient to the contrary, both because of the presence of the spots (syphilides?) on the face, and the results of treatment. But as to the existence of a gummy tumor of the brain, it is questionable whether it could have been removed so quickly as the disturbance vanished in this instance. Indeed, the diagnosis of tumor, and its precise location, as confirmed by autopsy, appears oftener to have been a lucky guess than anything else, and the many unsuccessful guesses in this connection are nowhere published.

There was never any interference with the mobility of the eye in this case, such as might have been expected from the proximity of the third and fourth nerves to the imagined seat of the initial lesion. There was no headache, no giddiness, no vomiting. On the other hand, however, there was neuralgia of the shoulder, and a feeling of pressure in the head, the subsequent left hemiplegia, and paresis of the right facial nerve, and a marked and permanent interference with the intra-ocular circulation. But it is quite possible that all these symptoms may have been owing to an acute periostitis, with tissue proliferation, although the disturbance of the pulse rate, unaccompanied by fever, cannot, with certainty, be charged to this cause. It must be admitted, then, that in the absence of an autopsy the



location and exact nature of the disturbing cause remains problematical. Since the last recorded visit the patient has been steadily taking one-sixteenth of a grain of corrosive sublimate with ten grains of the potassic iodide after each meal. Two months later the small scotoma still existed and the ophthalmoscopic appearances remained as before,  $V \frac{30}{\text{X.X}}$ . Thus it would seem that the fire is only smouldering, ready to break out afresh in case of a remission of vigilance.

### GUMMY EXUDATION IN THE CEREBRUM.

BY C. C. VANDERBECK, M. D.,  
Of Philadelphia.

Dr. A. B., aged 42 This medical gentleman came, early in May, from a distant State, to consult Professor W. H. Pancoast in regard to certain symptoms which caused him much discomfort and anxiety. The history of the case is as follows:—

March, 1856, he contracted a chancre, so small, however, that it was only accidentally discovered. No bubo followed. In the preceding summer a rash came out on the body, and marked alopecia occurred. Four years after this, in the autumn of 1860, a tubercle made its appearance on each leg. These were speedily cured by the use of iodide of potassium. During the following ten years he enjoyed excellent health, and attended faithfully to all the duties of a large practice.

September 20th, 1870, he was suddenly taken with intense pain in the head, lasting for several days. This was followed by a vertigo, which he experienced in looking upward, or in dismounting from his carriage, and was of such a severe character that he was compelled to grasp the nearest support until the giddiness passed over, which usually occurred in a few moments. The vertigo was of the subjective variety. These attacks lasted ten days.

September, 1871, just one year from the sickness above mentioned, he was seized with a similar attack of headache. The pain came on each morning, just before daybreak, leaving him comparatively comfortable during the day. This lasted for two weeks, and was followed by vertigo, as after the attack of last year, and continued about the same length of time. The peculiar periodicity which manifested itself in

annual attacks now became more frequent, assuming some years a semi-annual type.

February, 1872, he suffered another attack, but of not so severe a character as usual, and again in September, but a much lighter attack than that of the preceding year.

September, 1873, another light attack.

March, 1875, a light attack.

May 1st, 1875. After being overworked in professional duties, the headache and vertigo returned, and he began to notice a loss of power in the lower limbs, so that his gait became uncertain and unsteady. This unsteadiness was not increased, however, when he walked with closed eyes. Since the middle of last March he has had two attacks of aphasia, the first attack lasting fifteen minutes, and the second only a few seconds. He feels confident that these seizures were not *epileptoid*; for he was conscious of every act that was going on about him, and understood distinctly the remarks of those engaged in conversation, but he was utterly unable to give expression to his thoughts and desires. The symptoms now were of such an alarming character that he determined to repair to Philadelphia, to seek advice from his brother physicians. Professor W. H. Pancoast first saw him, and gave him a thorough examination, and then suggested that he should avail himself of the opinion of various skilled medical gentlemen. An ophthalmoscopic examination was conducted by Dr. Thomson. He reported, "Marked choked disks; no case can be more characteristic;" and suggested some intercranial pressure as a cause. Professors Meigs, Gross and Da Costa also saw him, and agreed with Professor Pancoast in the idea of the specific origin of the trouble, and that the probable lesion is a gummy exudation in some portion of the cerebrum. The treatment agreed upon was large doses of iodide of potassium, beginning with fifteen grains *ter die*, and adding 1 grain *per diem* till one drachm at a dose is reached. Small doses of biiodide of mercury and strychnia, and blisters back of the neck, were advised.

June 15th. He writes from home that he has faithfully carried out the treatment, and is quite a different man; the loss of power having entirely disappeared, and the headache and vertigo are now very slight. He also states that his sexual appetite has been increased to a marked degree.

This case is interesting, as showing (1) the

absorption of the syphilitic poison into the system, so as to produce secondary and tertiary symptoms, without the intervention of a bubo; (2) the peculiar periodicity displayed throughout the whole history of the case; (3) the short attacks of aphasia; and (4) the effect of treatment.

### OLEUM TEREBINTHINÆ IN THE TREATMENT OF DIPHTHERIA IN TONSILLITIS.

BY JAMES H. PEABODY, M. D.,  
Of Omaha, Nebraska.

Having last fall and winter, for the first time in a practice of some seventeen years, met with some genuine cases of diphtheria, I was induced to try the oil of turpentine, as it had never failed me in ordinary tonsillitis, with diphtheritic tendency. On commencing the study of medicine, some twenty years since, and having suffered much in my boyhood from acute tonsillitis, I was induced to try if I could not find something milder than the treatment then in vogue. I hit upon *ol. turpentine* and quinine, and they have yet to fail me, in nearly seventeen years of active practice. I have never, until the last few days, seen a case of death from tonsillitis or diphtheria. Now, either I have been blessed with a series of mild cases, or there may be something in the *ol. terebinthinæ*, as it is the only remedy I have failed to see recommended by any authority. Even Ziemssen, in his exhaustive monograph, does not refer to it, so I suppose it has not suggested itself to any one, or, if tried, has not served them as well as me. Why it should not have been tried by others, I cannot see, as the U. S. Dispensatory says it is stimulating, which is just what we need in the depressed condition met with in malignant tonsillitis and diphtheria. I think it is more than stimulating—it is death to the epiphytes when first lodged in the mucous membrane. I have time and again witnessed the false membrane curling up at the edges, and peeling off under its use, with a healthy pink line of demarcation. Who that has tried it in the low fevers has not been delighted to see the dry, red, cracked tongue softening down under its administration. I will not, however, occupy space by a discussion of therapeutics, but give a slight outline of treatment, for trial or comment, as your readers may see fit.

I commence the treatment of all cases of

diphtheria and tonsillitis by seeing that the alimentary canal is properly cleaned, by the administration of Epsom or Rochelle salts, where they can be taken; if not, the granulated citrate of magnesia is palatable, and seldom objected to. I also immediately put my patient on the following prescription:—

R.	<i>Ol. terebinthinæ,</i>	3ij
	<i>Pulvis potassæ chlo.,</i>	℥ss
	<i>Pulvis sach. alba,</i>	℥ss
	<i>Pulvis acaciæ,</i>	℥ss
	<i>Aquæ,</i>	℥v.

Sig.—Shake up well, and take a large teaspoonful every hour or two, until the inflammatory symptoms begin to subside, then less often.

Always directing it to be rinsed well around in the mouth before swallowing, so that every possible portion of the inflamed mucous membrane, from the lips to the stomach, may be touched with the turpentine and chlorate of potash.

The inhalation of steam from hops and vinegar is allowed, if the patient desires, as it is soothing to the inflamed mucous membrane.

If this alone does not relieve the patient in twenty-four hours, or less in severe cases, I add to the emulsion forty-eight grains of sulphate of quinine, so that we get the local effect, as well as the constitutional, of this potent drug. This is taken in the same way every two or three hours, alternating it with twenty drops of *tinctura ferri mur.*, if desired. As I said before, I have yet to see the first fatal case where this treatment was carried out from the onset of the disease.

I have a memoranda of some 124 cases of tonsillitis and ten cases of diphtheria treated in this manner, and on looking back for ten years cannot remember a death from tonsillitis in any form except as occurring in scarlatina anginosa and maligna. I am induced to write this article from having witnessed the death of a little boy, seven years old, a son of Dr. Beadle, of Papillion, some ten miles from Omaha. This child was apparently dying of asphyxia when I saw it, having been ill some three or four days.

The parents demurring at tracheotomy, I was induced to try an experiment which had served me in the case of a soldier where tracheotomy had been considered the only resort after consultation. I applied as large a cupping-glass as I could get to take hold, over each tonsil; the breathing was immediately relieved,

and the soldier rapidly recovered. I used the same means in this case, first scarifying the skin with my lancet. The boy, from being comatose, sat up in bed and drank a cup of milk, continuing to take nourishment and medicine for three hours, at which time I returned home, having agreed to return at seven. On returning I found my little patient dead, he having grown rapidly worse, the doctor failing to again apply the cups, thus giving him mechanical relief until I could return and perform tracheotomy, thereby affording him a last chance for life.

This is the only case of death from diphtheria I ever witnessed. When seen by me he was too far gone to be affected by medicine.

The doctor had another son taken within a few days afterward, and he brought him to Omaha for treatment. He was treated by Dr. Coffman and myself on the above plan, and so far recovered in a week as to be able to return home.

I would say, in finishing this already lengthy article, that I have tried salicylic acid, carbolic acid, and in fact every other remedy worthy of trial, in the treatment of tonsillitis, and have always abandoned them for the above course.

### IS CORNED BEEF POISONOUS?

BY H. LASSING, M. D.,  
Of New York.

The newspapers have been full of accounts of persons, in various localities, who are said to have been poisoned from the use of corned beef. If this were unqualified truth, it would become the duty of the profession to recommend the exclusion of corned beef from the table.

The matter, being of so much importance, immediately received the attention of sanitary officers, the result of whose investigations it will be the object of this paper to furnish in a condensed form.

The Boston Board of Health had several cases under consideration, and found that in every case, in their jurisdiction, the meat which had caused the sickness was not ordinary nor canned corned beef, but what is called rolled corned beef, put up in tinfoil containing large quantities of lead, which had produced the well-known symptoms of lead-poisoning; hence corned beef cannot be charged with the sickness in Boston.

A case in Beverly, New-Jersey, was also reported, and another in Portland, Me., both

alike, as ascertained upon investigation, in cause, symptoms, and effects. These were caused, not by the corned beef eaten, but by imprudence in the use of other articles of diet.

One case, in New York city, was due to the eating of the contents of what is called in the canning trade a "swelled can" of corned beef, which had been thrown out as worthless and was picked up by a street Arab. The "swelling" of the can is due to the generation of gases from decomposition taking place, owing to the admission of oxygen in an imperfectly closed can.

The clearest case was that in Fairhaven, near New Bedford, Mass., under the observation of Dr. Isaac Fairchild, who gives the history and peculiarities of this trouble so clearly, that I here reproduce it:—

"On the morning of July 20th I was called to see the family of Isaac B. Dodge, of this village, consisting of Mr. and Mrs. Dodge and seven children, the oldest a girl of about 16 and the youngest two years. The children as a family are noticeably healthy and 'tough.' On entering the house I found Mrs. Dodge, a boy about 13 years old, and the youngest child, sick. The child, 2 years old, was lying in the arms of a lady, and was apparently in collapse; pulse slow and feeble, skin cold and wet with perspiration, complexion almost livid, with partial stupor. My impression was that the child would not rally. Under the use of stimulants, external warmth, and such nutrition as could be given, there was only partial reaction during the day, and the child died between 8 and 9 o'clock P. M., about twelve hours from the commencement of the attack. The child had vomited meat eaten at breakfast. At the same time Mrs. Dodge was lying on the floor in an adjoining room (she could not be kept on the bed), vomiting violently, with frequent diarrhoea. The vomiting commenced with throwing up the meat eaten at breakfast, but when I saw her the meat had all been ejected and she was vomiting a copious watery, somewhat tenacious fluid. Discharges from the bowels followed almost every vomiting, not very copious, and like thin gruel, with peculiar fetor, extremely nauseous. Her pulse was feeble, surface cool, with profuse perspiration. Two hours later violent cramps supervened, as severe, I think, as I ever saw in epidemic cholera. Mrs. D., since her recovery, says she has little, if any, recollection of her sufferings, or of what transpired.

The hypodermic use of morphia seemed alone of use in subduing the cramps or mitigating her sufferings."

"Mrs. D.'s case, the severest, was typical of all the rest. Mr. D. was very sick with vomiting and diarrhoea, the boy of thirteen likewise, and had cramps; another boy and two girls had vomiting and diarrhoea with no cramps, and in a few hours got over their sickness. All vomited the meat they had eaten at breakfast. A little boy who overelept, and another who had gone to drive the cow, were not at breakfast with the family, and were not sick at all. The oldest girl was not sick for two or three hours after I first saw the family, and on my asking her if she did not eat any of the meat, replied, 'I ate only a little bit.' But she was afterward sick, though 'only a little bit,' and she soon got over it; so of the other children who were slightly sick: they ate but little. Here is a family of nine persons, some of whom ate at breakfast canned corned beef; all were sick with similar symptoms, and proportionately to the quantity eaten by each. Then two children who did not eat of the meat were not sick at all, though they ate of the same breakfast, less the corned beef. All who were sick vomited the meat they had eaten, and the conclusion becomes irresistible that they were poisoned by the meat. I have no doubt that the poisoning was from the septic properties of the meat, not communicated to it by the can. The meat was bought the evening before, when all ate their supper of it without injurious effects, while the remaining portions of the meat were eaten for breakfast, with the injurious effects already described. The meat had been kept over night (which was exceedingly hot) in an ordinary closet, not on ice. The meat bore the brand of 'Libby, McNiell and Libby, Chicago.' In my opinion, the cause of this sickness was septic poisoning from corned beef pressed in cans, which had been opened, exposed to the air on a very hot night, and was allowed to decompose."

Professor R. Ogden Doremus also made a chemical analysis of the corned beef packed by the above firm, as well as that packed by another packing company of Chicago, procuring his samples from stores in the city. He found them healthy, sound and sweet, and free from all mineral and animal poisons. According to his official report, this pressed corned beef in tin cans is preserved by the pickle, the

boiling, and by the fatty matters in it, besides being put up in air-tight cans.

The conclusion I come to, therefore, is that corned beef, if put up when fresh and sweet, properly pickled, cooked and canned, and eaten when first opened, is a healthy, nutritious article of diet, and, at the price it is sold, it becomes a boon to the rich as well as the poor, by furnishing a convenient, always ready and easily assimilated aliment.

It is but just to add that this canned corned beef is all put up in Chicago by two firms, in the same manner precisely, and that the New Bedford case, as explained above, is the only one which occurred from the use of the Libby brand, while the Beverly case occurred from the other brand. About three hundred head of cattle are killed daily, and all the meat which is adapted is canned.

## HOSPITAL REPORTS.

### NEW YORK WOMAN'S HOSPITAL.

#### Atresia Vaginae in the Virgin—Operation.

A patient, sixteen years of age, single, entered the service of Dr. Thos. A. Emmet for treatment. She said that she menstruated at fourteen years of age, and had been regular up to three months before admission, when her periods ceased altogether. At the menstrual epoch complains of headache, with a small amount of lumbar pain, but nothing very severe.

*Vaginal Examination.*—The anterior and posterior vaginal walls were found united about one inch from the ostium vaginae, the line of union being seen only on close examination. It was noticed, also, that at the anterior and posterior extremities of this line two small openings existed. When a probe was passed into either of these small orifices, it was found that they met in a cavity existing between the atresia and the uterus. When the finger was passed into the rectum the uterus was found in abnormal position.

The operation for the cure of the case consisted in placing the patient on her hands and knees and dividing the obstructing band with the scissors. The uterus was then discovered to be retroverted and the anterior and posterior cul-de-sac partly obliterated by constricting bands. These were divided, and a glass plug inserted into the vagina. For the first week following the operation the glass plug was worn continually, for the second week only a part of the day, and gradually was dispensed with altogether. After a month the patient was discharged cured.



**Atresia Vaginae, the Result of Labor—Operation.**

A woman entered the hospital, giving the history of illness dating from her labor, two and a half years previously. The pains of labor were at first weak, and she was directed to take ergot. Afterward the pains became severe, and she was delivered of a child weighing seven and a half pounds, without the use of instruments. A recto-vaginal fistula resulted, which closed spontaneously. When she was examined in the hospital, it was found that there had been severe lacerations of the vagina, which resulted in contraction till the cavity of the canal was of the size to only admit of the entrance of a lead pencil.

Dr. T. A. Emmett separated the adhesions with a knife, and inserted a glass plug, which was worn for a month; at the end of that time the vagina was of nearly normal size, and it was then found that the cervix was lacerated. This was closed by sutures, and after two or three months the patient was completely cured, the only remaining trace of disease being a retroversion of the uterus, for which a pessary had to be used.

**Uterus Distended with Menstrual Blood—Diagnosis of Pregnancy.**

A patient, about 20 years of age, came under the care of a physician in the city, suffering from amenorrhoea, together with enlargement of the uterus. This enlargement continued to increase in size, and the diagnosis of pregnancy was made. In this diagnosis he was assisted by another capable physician. Parturition failing to take place in the usual time, the patient was sent to the Woman's Hospital for diagnosis and treatment. When she was examined an atresia of the cervix was discovered, which, when relieved, caused a copious flow of dark menstrual blood.

A sad feature of the case was that the patient was unmarried, and the diagnosis made by her medical attendants caused much mental trouble to her friends. The physicians, however, were justified to a great extent, inasmuch as an enlargement of the uterus taking place, accompanied with cessation of menstruation, would justify them in hesitating to introduce a sound to verify their diagnosis.

The operation for the cure of the atresia of the cervix consisted in securing the os uteri by means of tenacula, and then with the curved scissors freely dividing the tissues up toward the internal os.

**The Metrical Method.**

The leading article in this week's number merits the close study of every reader. The author, one of the most eminent pharmaceutical teachers in this country, explains, with remarkable lucidity, the advantages of the metrical method in writing prescriptions, and his words should command general attention.

**MEDICAL SOCIETIES.****PHILADELPHIA COLLEGE OF PHYSICIANS AND SURGEONS (JUNE AND JULY, 1876).**

At the regular meeting in June, two cases of

**Sarcomatous Tumor,**

one of the lower jaw, involving the masseter muscle; a second of the parotid gland, involving the masseter muscle, both removed by operation, were reported by J. Ewing Mears, M. D.

The first case was one of peripheral osteosarcoma, taking its origin in the periosteum of the lower jaw, in a boy twelve years of age, a resident of Delaware, who was brought to the clinic at the Pennsylvania College of Dental Surgery, in the month of October, 1873. The following history with regard to the cause of the tumor was obtained at that time: In the month of July preceding, whilst in bathing, he received a severe blow upon the left side of the face over the region of the lower jaw, caused by coming in contact with the head of one of his comrades as he sprang into the water from the pier. At the time of the receipt of the injury he experienced considerable pain, and soon after swelling supervened. The soreness in part gradually diminished and finally disappeared, leaving, however, a slight enlargement. This was so slight as to produce no deformity, and in a few weeks the accident and its results were dismissed from mind.

During the course of the summer attention was attracted to a swelling of the face, which was attributed to a suspected decayed tooth which had been attacked by cold. The usual remedies employed in such cases were applied without causing the disappearance of the swelling, and the boy was placed under the care of a physician in the town in which he resided. At first the physician was disposed to regard the swelling as due to the cause ascribed by the members of the family, and directed treatment accordingly. Failing to obtain the results expected from the treatment, he was led to make a more careful and extended examination, and arrived at the conclusion that the case was of a more serious nature; he then advised that the patient should be brought to the city and placed under the care of a surgeon.

On examination, the left side of the face was found very much enlarged, the swelling occupying more particularly the region of the lower jaw, the greater portion of the body, the angle and ramus. To the touch it was hard, dense, and inelastic, and firmly attached to the bone. The overlying tissues were freely movable and yielding. The finger introduced between the cheek and the teeth into the buccal space could distinctly trace the attachment of the growth to the lower jaw. The external surface of the upper jaw was normal and the canine fossa

intact, showing the antrum to be free from disease. There was almost entire occlusion of the jaws, the patient being able by great effort to separate them to the extent of but one-quarter of an inch. In order to examine the internal surface of the lower jaw it was necessary to give the patient ether and forcibly separate the jaws by a lever, when the internal surface was found normal and not in any way affected by the tumor. The introduction of the exploring needle into the mass from the inside was followed by an escape of blood.

At no time during the development of the growth had pain been a prominent symptom. The increase in size had been very rapid, and the occlusion of the jaws compelled the patient to confine himself to the ingestion of liquid food. His general health was not notably impaired.

Owing to the closure of the jaws, it was found impracticable to effect removal by an internal incision, and therefore the operator employed an external incision, beginning just below the lobule of the ear, carrying it downward to the angle of the jaw, along the posterior border of the ramus, and thence forward along and slightly posterior to the inferior border to a point within one inch of the symphysis. The facial artery was secured at the anterior inferior angle of the masseter muscle, where it mounts upon the jaw, and divided. Dissecting the skin and superficial fascia upward to some distance, a freely movable flap was formed, which, on being raised, exposed the upper portion of the tumor. In order to reach its attachments below, it was found necessary to detach the superficial structures to some extent into the region of the neck posteriorly. The masseter muscle at its insertion was incorporated in the tumor; above, to one-third of its extent, it was free, and, on being divided, retracted to its points of origin. Having fully exposed the tumor, an effort was made to separate it from the jaw by the knife; but this was found impossible, and recourse was had to the chisel, by which it was detached, removing with it the external plate of the bone, softened and disintegrated to the extent of attachment of the tumor; posteriorly, the growth passed over the border of the ramus, and penetrated the deeper structures of the neck, overlying the external carotid artery; this portion was removed by careful dissection, and the rough spiculated surface of the bone was thoroughly scraped by the chisel.

The second case was one of sarcoma of the parotid gland of the right side, occurring in a patient who was admitted into the surgical wards of St. Mary's Hospital, in the summer of the year 1874, for a swelling which occupied the right side of his face.

He was fifty-eight years of age, and a furrier by trade. He had enjoyed good health until two years ago, when he had a partial attack of paralysis, involving the right side. This condition interfered somewhat with his work, but was not sufficient to compel him to abandon it. Three months prior to his admission he noticed a slight swelling upon the right side of the

face, and at the same time experienced difficulty in opening his mouth to the usual extent. The swelling increased quite rapidly, and with its increase in size the occlusion of the jaws became more marked. A physician was consulted, who, regarding it as an inflammatory swelling, ordered sorbefacient applications. No benefit appeared to be derived from the treatment pursued, and the patient came to the hospital.

At the time of his admission the tumor had grown to quite a large size, and the occlusion of the jaws was nearly complete. An examination revealed the fact that the parotid gland and the masseter muscle were involved, and the jaw itself was supposed to be implicated. The removal of the growth having been determined upon, it was exposed by an incision extending from the zygoma downward, in front of the ear, and along the border of the ramus and body of the jaw to within an inch and a half of the symphysis. The flaps formed by this incision were freely dissected upward, upon the cheek, and downward, upon the neck, and the tumor, consisting of the parotid gland and the entire masseter muscle, was removed. The facial and external carotid arteries were in turn ligated—the facial before, and the external carotid artery after division. The jaw was found to be free from disease. The wound was closed by iron-wire sutures, and a compress and bandage were applied. Considerable suppuration ensued before the wound finally healed, which occurred four weeks after the operation.

At the July meeting, a case of

#### Diabetes Insipidus Treated by Ergot and Tannic Acid

was reported by James Tyson, M. D. It was as follows:—

C. H. W., aged 24, an American, and a saw-maker, first consulted me August 9, 1875. Two years before that date he noticed that he passed more urine than seemed natural, but he could not say that he was otherwise ill. His appearance is not that of a sick man, and he says he gains rather than loses weight. His appetite and digestion appear good, but he drinks a very large quantity of water. At this visit he was directed to measure the twenty-four hours' urine and return in a week.

On Aug. 16th he reported that he found that he passed about ten pints a day, that is 160 fluid ounces, or 4732 cubic centimetres; this amount was not strictly accurate, but approximately so. This evening he brought a specimen of the urine, which was found to be almost colorless, with a specific gravity of 1.002, and without sugar.

Having in my mind the case reported by Prof. Da Costa in the last volume of the *Transactions*,\* I ordered him to take a fluid drachm of wine of ergot three times a day. On August 23d, a week later, he returned, saying he thought he was passing certainly not more urine than

\* *Transactions of the College of Physicians of Philadelphia*, 3d series, vol. 1, p. 139.

he did, perhaps a little less, but he had not measured accurately. Only once in the past week did he have occasion to rise at night; heretofore, he had had to do so quite frequently. The *fluid extract* of ergot was now substituted for the wine, to be taken as often.

On August 30th, he reported that he did not have to get up at night once during the past five nights. The specific gravity of the urine was now 1.010. On September 14th he reported the quantity of urine so reduced that he micturated but four times in the twenty-four hours, and passed not more than a pint at a time. This state of affairs continued for about five days, after which, notwithstanding the fact that he continued the ergot, the quantity again increased, and he was now (September 14th) urinating about ten times in the twenty-four hours; never having, however, to rise at night, although he goes to bed at ten and gets up at six. He thought he passed about a pint each time. The urine he brought this evening was almost quite colorless and had a specific gravity of 1.001. The fluid extract of ergot was now increased to *two fluid drachms* thrice daily, to be taken on an empty stomach.

On September 21st he reported about the same frequency of micturition, and the same quantity each time; also, that he has now to rise once during the night for this purpose. On September 27th the specific gravity was scarcely more than 1.000, and the urine almost colorless; quantity about the same. He had been very thirsty, but did not observe the quantity of water consumed.

It was now thought best to change the treatment, and he was ordered fifteen grains of *gallic acid* three times a day, on an empty stomach, and told to measure the quantity of urine passed

and of water drank. On October 5th the urine was of a pale yellow color, with a sp. gr. of 1.016, and its daily quantity much diminished. For the first five days after beginning the use of the gallic acid, he thinks he did not pass more than one and a half pints, or twenty-four fluid ounces (709 c. c.), in the twenty-four hours, and what he passed was darker in hue than the specimen brought this evening. The quantity is most probably underrated, but the fact that the urine was darker in hue than the specimen brought to me is presumptive evidence that the twenty-four hours' quantity was smaller rather than larger, the amount of coloring matter of the twenty-four hours being usually uniform. At the end of the five days referred to, when his supply of gallic acid was exhausted, the quantity began again to increase, so that he estimates the twenty-four hours' urine at ninety-six fluid ounces (2842 c. c.); color like that brought to me October 5th. The same treatment was continued.

On October 12th he brought me two specimens of urine passed that day, one in the morning and the second in the evening. The morning urine was pale yellow in color, and had a specific gravity of 1.012; what passed in the evening was lighter in hue, but presented the same specific gravity. He estimated the twenty-four hours' quantity at about sixty fluid ounces, micturating about seven times in the twenty-four hours. He had also much less thirst.

He was now directed to continue the treatment for one week longer, taking fifteen grains four times a day, after which he was to discontinue it. He was also asked to report again after a couple of weeks, that I might find out whether the improvement was permanent. He did not do so, however, nor have I seen him since.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Medical Treatment of Oesophageal Cancer.

We take the following from a lecture of Dr. Morell MacKenzie, in the London *Medical Times and Gazette*:—Directly cancer is suspected, the food should be most carefully selected. Milk is the most valuable aliment, and, on account of its highly nutritious and entirely unirritating character, should be regarded as the staple article of diet. Beef tea, mutton broth, turtle soup (free, of course, from pepper or salt), eggs, arrowroot, or thin, soft farinaceous food, may be given; but stimulants should, if possible, be avoided, as they irritate the diseased surface. It rarely happens that the oesophageal pump or feeding-bottle can be advantageously employed, as, if the stricture be so tight that fluid cannot be swallowed, an in-

strument can seldom or never be passed. Fistulous communication is rarely established between the oesophagus and trachea in cases of cancer of the gullet until the stricture is absolutely impermeable. It is when a fistula extends from the air-passages to the oesophagus that the oesophageal feeding-bottle is so extremely valuable. The patient must, as far as possible, be kept free from pain, and rest at night insured. Subcutaneous injections of morphia offer the most suitable means of effecting this end. In cold weather the apartments should be kept warm, all the conditions of the patient tending to lower his bodily temperature. As the disease advances, absolute aphagia is established, and the patient must then be fed by nutritive and stimulating enemata. Instead of the large liquid enemata which are commonly employed, it is better to use the semi-solid compounds of Leube, who has shown how greatly

rectal digestion is assisted by the presence of pancreas. The formula which I have found most useful is the following:—Beef, mutton, or chicken, 4 oz.; pancreas (b), 2 oz.; fat, 1 oz.; brandy, 2 drachms; water, 3 oz. These ingredients mixed together will measure about six ounces. The meat, sweetbread, and fat must be first passed through a mincing machine. It is often desirable to add five or ten drops of laudanum to the enema, which should not be administered more than once in the twenty-four hours. The rectum should be washed out twice a week with warm water, three or four hours before giving the nutritive injection. It is necessary to use an enema-pipe with a bore of half an inch, otherwise the nutritious mass will not pass.

#### Treatment of Chronic Eczema.

Dr. A. S. Myrtle says, in the *Medical Examiner*, on this subject:—

In the treatment of chronic eczema no hard line can be drawn; here, as in most forms of disease, each has his favorite remedy, internal and external; this one swears by alkalies and colchicum, with water dressing; that by mineral acids and zinc ointment; another pins his faith entirely to iron or arsenic, with the application of powdered starch to the parts affected. Each and all have something, you may be certain, to recommend them; yet this very diversity of treatment shows that in chronic eczema no rule can be given for its specific treatment. The skin, as well as the patient, must be studied, as it has quite as many peculiarities as the man it covers, and is as ready to take offence when occasion offers as he is. I have often found that I had to change my plans; that cases did uncommonly well upon most methods for a time, then ceased to improve, and shortly became worse. I know no disease which so frequently tries our patience, and frustrates our best efforts. This is especially the case when it is accompanied with dyspeptic, hepatic, gouty, or rheumatic tendencies; and it is in such cases that a course of Harrogate sulphur waters and baths acts with the most perfect success. When it occurs in conjunction with struma, then the chalybeate saline springs, the Kissingen chloride of iron, and Alexandra especially, come in as agents of equal power. Whilst speaking of the treatment of chronic eczema, let me say a few words as to an opinion held by some, that in certain cases it is not advisable to attempt its cure; that you would drive it in, and throw a burden on some internal organ of far more importance to the economy than the skin, and in all probability do much harm. This, in general, I have never seen verified, and there are only two conditions that make me cautious in attempting to effect as speedy a cure as possible; these are where it occurs on the entire scalp and face during teething, and in elderly plethoric subjects with degeneration of arterial coats. In both of these I have seen serious and fatal mischief result from the rapid disappearance of an

eczematous rash under the influence of medical treatment. In cases where it is complicated with spasmodic asthma, we very often find that as the rash gets better the breathing gets worse, and *vice versa*: but no danger attends the substitution of one group of symptoms for the other, and it is difficult to say whether the patient's sufferings are greater when the breathing is laborious or the skin itchy. This form of complication is one I have found seldom influenced for good by bathing, although the internal use of the waters is often of great benefit. I have also remarked that where we have these complications, patients improve for a week or two after each change of residence or treatment, and then relapse to their old ways. In such cases I would imagine the compressed air bath might be found of use, but I have no personal experience of its effects in this unfortunate complication.

#### Internal Use of Corrosive Sublimate in Gonorrhoea.

In the *Centralblatt*, Dr. Bruck, of Budapesth, recommends this treatment, as producing the following results:—1. In the course of six weeks, without any of the complications contingent on the use of injections, the gonorrhoea may be cured, and the means may be resorted to in the hyperæmic stage of the affection. The discharge during the first ten days is remarkably profuse, and then becomes less and less and more serous, the urethral burning being supportable, and the chordee moderate. 2. During the treatment, alcoholic drinks, strong coffee, and highly seasoned foods must be abstained from. 3. Purgatives are also to be avoided, being unnecessary during the use of the sublimate. 4. When much griping pain is produced in the stomach or intestines, the sublimate must be suspended for some days. 5. It is not to be employed when there is heart or lung disease. It is given in the form of pills, one centigramme divided into twenty pills being taken in the course of the first ten days. The next twenty pills contain two centigrammes, and are consumed in half that time, and so on.

#### The Etiology of Cerebro-spinal Meningitis.

The *Lancet* says, editorially, on this subject:—Experience, happily scanty in this country, somewhat larger in Ireland, and even considerable in the United States and some parts of Europe, seems, however, to justify the conclusion that a distinct place among the specific diseases must be assigned to "cerebro spinal fever." Its occurrence in epidemics, often wide in their extent and as fatal as typhus in their results, the evidence of a general blood-poison in the extremely rapid onset of the disease, the profound symptoms, and petechial rash, these are a few of the facts which take it out of the region of merely local disorders. At the same time, it must be confessed that etiological data are few and insufficient. Various hypotheses have been put forward, but it must also be con-



fessed that none of these hypotheses have been sufficient to account for all the facts. In those places where epidemics of cerebrospinal meningitis have been most frequent it has been found to prevail chiefly in the cold seasons, but that, although favored in its spread by insanitary conditions, it does not appear, like typhus, to be engendered by them; that it is not contagious, with a few rare exceptions; that it attacks the young in infinitely greater proportion than adults; and that its onset is favored by insufficient or bad diet (under which head may be included the view propounded by Dr. Richardson of its dependence upon the consumption of ergotized grain) and by physical fatigue, combined with exposure to cold and wet. Beyond these meagre facts, and in spite of the great prevalence of the disease, it does not seem that much is known more definitely concerning its etiology. The last-named causes are those which operate mostly in armies on active service, where it shows itself occasionally in an epidemic form, as occurred during the American war.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**Yellow Fever and Malarial Diseases. Embracing a History of the Epidemics of Yellow Fever in the State of Texas; New Views on its Diagnosis, Treatment, Propagation and Control; Descriptions of Dengue, Malarial Fevers, Jaundice, the Spleen and its Diseases, and Diarrhoea Hemorrhagica; with Practical Remarks on their Successful Treatment, etc.** By Greenville Dowell, M. D., Professor of Surgery in Texas Medical College, etc. Philadelphia, Medical Publication Office, 115 South Seventh street. 1876. One volume, large 8vo. pp. 241. Price \$3.50.

This compactly written work contains the results of thirty years' intelligent observation on the severe miasmatic diseases of the Gulf States, and of over two thousand cases of yellow fever which have been under the author's treatment in various epidemics of that disease.

On this latter malady we believe it will be found to be the most instructive and clearly written book in our language. Moreover, it is eminently *encouraging*, as the author believes and shows that yellow fever can be treated with almost uniform success, the mortality being reducible to five per cent, and that the

great terror its approach inspires is groundless, providing only that an intelligent therapeutics and judicious nursing are fully observed. The nursing, especially, which includes diet and all sanitary surroundings, is minutely prescribed and insisted upon.

The author commences by giving in concise terms the symptoms of yellow fever, its varieties and modes of propagation, its prevention by quarantine and personal prophylaxis, the nursing and treatment called for. He next takes up the questions of quarantine and disinfectants in detail, and proceeds to support his views by a number of illustrative reports, concluding with a chapter on "My own Personal Experience in Yellow Fever," the perusal of which abundantly testifies to his practical knowledge of the subject. An ample statistical table is appended.

The remainder of the book is devoted to a study of the various forms of malarial poisoning most commonly met with in the Southwest, and this portion will perhaps interest the larger class of readers. They will find it worthy of their closest attention, and full of specific directions for the successful management of these multiform diseases. Dengue he considers a typical eruptive fever, not dangerous, though liable to be mistaken for other more serious complaints.

Malarial fevers proper he divides into congestive fever, intermittent fever, remittent fever, and hemorrhagic malarial fever. Icterus or jaundice, so closely associated with these types of paludal poisoning, is described from his own experience of it. A chapter is given to the anatomy, pathology and therapeutics of the spleen, that organ which so constantly sympathizes with miasmatic disturbance. Chronic inflamed spleen, the familiar "ague-cake" of the South and West, occupies the author's attention in proportion to its frequency, and he lays down a plan of action and formulæ for prescribing, which he states "will cure any case of enlarged spleen or chills."

Bloody flux, the "diarrhoea hemorrhagica" of authors, is the concluding article. He justly terms it "the great scourge of the Southern States," and the most fatal of diseases in some of their counties. He, nevertheless, does not hesitate to say that the plan of treatment he advises "will cure ninety-nine out of every hundred cases taken in time and persevered in;" and Dr. Dowell's long experience and high

character admit no doubt that he feels wholly justified in this strong assertion.

What we particularly commend about his treatment is that it is not in the least vague or incomplete; he gives his successful prescriptions in full; he enters into the minutiae of dosage, diet, and nursing; he is as definite as he is positive.

The work is printed on excellent paper, in clear type. It is enriched by very artistic chromo-lithographs illustrating the color of the skin, liver, and intestines in yellow fever, and by a large folded map defining the yellow fever zone in the United States. These features have added much to the expense of the work, but also to its value to the reader.

**A Practical Treatise on Materia Medica and Therapeutics.** By Roberts Bartholow, M. D. New York, D. Appleton & Co., 1876. Cloth, 8vo, pp. 537.

In presenting this work to the public the author claims for it originality in the scheme of classification, in the subjects discussed, and in the practical character of its information. The classification certainly has the characteristic claimed for it, since it is made as carefully different as possible from precedents. Remedial agents, according to Dr. Bartholow, are divided into those which (1) promote constructive metamorphosis; (2) promote destructive metamorphosis; (3) which modify the functions of the nervous system; (4) which "cause some evacuation from the body;" and (5) topical remedies. This highly artificial and contradictory classification is relentlessly carried through, and the author packs his topics into his schema with the iron will of a Procrustes. It were a safe wager that three times out of four the reader could not guess under which heading a given drug will be found.

The subjects discussed, except a few lately introduced drugs, do not appear novel. Nothing of importance, however, is omitted.

There is, as claimed, much practical information, and we are glad to note a greater willingness to give definite prescriptions than most writers and lecturers condescend to manifest. It were desirable, in another edition, that the author would be more careful in the Latin of his formulæ. If teachers insist on continuing the absurdity of pharmaceutical Latin we have a right to ask them to give it correctly. On the first page we open to (185) we find twice *gly-*

*cerini* (for glycerinæ), *alcohol* (for alcoholis or alcohol.), *aquæ*, *q. s. ad.* (where *aquam*, *q. s. ad.* is required). Very numerous errors of this kind disfigure the pages.

While there is a large amount of excellent material in the book, its arrangement is better suited to the student of materia medica, who follows the author's lectures, than to the practitioner, who wants a book on therapeutics. For the latter, the classification is actually annoying. If he wishes, say, to look up the therapeutics of diarrhoea, he must turn to twenty-three different references, scattered through four hundred pages of the book, including all the heads of the author's classification. Thus, if the latter is practically correct, the indications in diarrhoea must be to promote metamorphosis, to destroy metamorphosis, to modify the nerves, and to "cause some evacuation!" This is an example, and a fair one, of how this classification bears the test of practice.

Although the book is justly open to criticism on these points, it is an improvement on the physiological method of teaching therapeutics; and as the author is well known for his wide reading and close personal observation, it deserves, and no doubt will have, a large circulation.

**The Preventive Treatment of Calculous Disease, and the Use of Solvent Remedies.** By Sir Henry Thompson, F. R. C. S., etc. Second Edition. Philadelphia, Lindsay & Blakiston, 1876. 12mo, cloth., pp. 73. Price \$1.

This little book contains the substance of two lectures delivered at University College Hospital by the eminent author. After giving a sketch of the early history of calculous disease as seen in the classical writers, he discusses the popular and professional medical cures for it. Of the mineral waters, he prefers Friedrichshall and Carlsbad, and decidedly condemns the long popular Vichy springs. What he aims at is to stimulate the excretory action without depressing the vital power. All popular and secret remedies, he says, are alkaline; they are solutions of either lime, soda, or potash, alone or combined; so the medicinal remedies employed by the faculty are nearly everywhere some form of potash or soda. The use of electricity as a solvent he does not consider successful. Lithotripsy, as a simple and safe operation, he prefers to this and any other method, in the majority of cases.

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## THE CRANIOSCOPY OF CRIMINALS.

In noticing the last meeting of the German Association of Naturalists and Physicians, we referred to a paper by Professor MORITZ BENEDIKT, on the physical psychology of criminals, and its bearing on their legal status. This remarkable paper has been translated in an English contemporary, and we extract from it some of its results.

The aim of his study is to show that a deficient organization of the brain lies at the foundation of the criminal propensity of brigands, habitual thieves, relapsing forgers, and other criminals; that the changes in the brains are, in such cases, of a very gross and palpable nature, so as to admit of easy demonstrations in the *post-mortem* room; and, what is more remarkable, that these peculiarities of cerebral organization may be recognized during life by a careful examination of the criminal's head.

The former principally consisted in the unsymmetrical development of certain portions of the brain. These peculiarities he claims may be

recognized in life. To convince himself of this, Dr. BENEDIKT, in conjunction with his former pupil, Dr. BADIK, physician to the Illawa prison, hastened to examine the heads of 365 murderers in that establishment. The result was that both these physicians were struck with the peculiar cranial conformation of a large number of the criminals, especially with the want of prominence of the external occipital protuberance, with the flatness of the occiput, the marked shortening of the occipital part of the sagittal diameter of the skull, and a want of symmetry in the two halves of the skull, which far exceeded that which is usually observed. If, in the normal skull, in a straight line from before backward, the distance is measured from the fossa behind the auditory foramen to the most posterior eminence of the occiput, it will be found to amount to two-fifths and more of the straight line drawn from before backward, in the middle line between the forehead and the summit of the occiput (the sagittal diameter). Now in the skulls of some criminals examined, this is not the case, inasmuch as the first line reaches one-third, or one-fourth, or less, of the second. This deviation Dr. BENEDIKT calls "Brachycephalia occipitalis."

Another "very characteristic" form of the skull, noticed in 56 per cent. of the habitual thieves in Leopoldstadt, is a condition which the author of the paper calls vertex-steepness (Seitelsteilheit) or rising up from before backward." While, for example, the highest point of the crown generally stands a little higher ( $1\frac{1}{2}$  centimetres) than the boundary line between the part of the forehead covered with hair; that which is uncovered and this proportion is altered in habitual thieves, and there are differences amounting to seven centimetres. But not only have the above abnormalities been observed in criminals generally, but they are spoken of as varying in character and in frequency according to the class of criminals in which they were noticed. Thus the vertex-steepness just described is said to be peculiar to

habitual thieves. The occipital deviations appeared in the highest degree chiefly in robber-murderers, next in murderers from premeditation, and lastly in habitual thieves, whilst in normal persons the highest degree is very rarely found. On the other hand, the lateral symmetry mentioned above existed in a high degree in 37 per cent. of habitual thieves, but in only 26 per cent. of common murderers.

This looks very much like a revival of the exploded pseudo-science of phrenology. But Dr. BENEDIKT foresees this criticism, and makes the following distinctions: The fundamental idea of Gall, that the psychical functions are localized in the brain, is in a certain degree undoubtedly correct, but the chief defect in Gall's theory is that the latter imagined complicated psychical processes to take place in a definite part of the brain. Murder, thieving, forgery, etc., are complicated psychical functions. There is not only often a defect of intellect which is unable to foresee the consequences of the deed to be perpetrated, but the factors of such acts are composed of motor and sensory impulses also. It is, therefore, erroneous to assume for murder, for instance, a definite topographical change in the brain, since that crime is the product of different qualitative and quantitative factors.

Another fundamental idea of Gall is that the skull is a model of the brain, and although it has been objected that there are in the skull many accidental prominences which have no counterparts in the brain, his fundamental idea is not shaken, inasmuch as "no scientific man may, even if he does not altogether agree with Gall, dispute the doctrine that the construction of the skull is remarkably proportionate to the whole anthropological organization in brutes and in man." Therefore, the most that the present state of science warrants us in saying is, that the anterior part of the brain is the seat of the life of ideas (*Vorstellungslieben*), the middle part the seat of psychical action in a motor sense, and the most pos-

terior part the seat of sensations and feelings; and that any marked deviations in the general conformation of those parts may be attended by a corresponding amount of deviation in the conformation of the skull.

## NOTES AND COMMENTS.

### Plastered Wines.

Those who recommend wines for medicinal use should be guarded about their quality. Many French growers adopt the system of *plâtrage*, or artificial fermentation, by the addition of gypsum. This causes the disappearance of the alkaline phosphates, and the bitartrate of potash is replaced by sulphate of potash, that is, a purgative salt, in the proportion of from one to ten grains to a quart. Persons who use Bordeaux and similar wines, on account of their astringency, are thus sometimes seriously injured.

### The Progress of Cadaveric Decay.

Physicians are not unfrequently called upon to give an opinion, in the case of the discovery of corpses, of the period that has elapsed since death. The following are the rules of Dr. Caspar, given in his *Medical Jurisprudence*. The temperature is assumed to be moderate, and the body exposed to the air.

(1.) The greenish discoloration of the abdomen and the softening of the eyeballs indicate that the person has been dead from twenty-four to seventy-two hours.

(2.) After three to five days, the green discoloration has become deeper, and extended over the whole of the abdomen, including the genitals; while similar patches have begun to appear on other parts, especially the back, lower extremities, the neck, and sides of the chest.

(3.) In about eight or ten days, the greenish patches have coalesced, and changed to a reddish-green; gaseous products have become developed in the abdomen; the cornea has become concave; the sphincter ani has relaxed; and the ramifications of the subcutaneous veins can be traced on the neck, breast, and limbs.

(4.) After fourteen or twenty days, blisters have appeared on the skin, and the development of gases has become general, distending the whole body.

(5.) Lastly, after this period it is impossible to determine the date of the decease.



## CORRESPONDENCE.

## THE CENTENNIAL INTERNATIONAL EXHIBITION.

## Letter XIII.

## INSTRUCTION OF DEAF-MUTES, AND VOICE TEACHING, OR VISIBLE SPEECH.

CENTENNIAL EXHIBITION, Sept. 7th, 1876.

ED. MED. AND SURG. REPORTER:—

My last letter was devoted "To the Education of the Blind." Now, absolute deafness is far more of a hindrance in acquiring an education than blindness. We rejoice, however, that at the present day there are 5744 deaf and dumb pupils in the fifty-four institutions in the United States, who are receiving a valuable education. 640 of these are reported as semi-mutes, under which head are included the semi-deaf. In most institutions articulation is taught by the old method, and in seven of them they have introduced "visible speech." This latter class, and a few of the former, have availed themselves of it to cultivate whatever remained of speech by developing all its power, so as to make them understand by study the formation of the parts that produce the word, and teach them thus to speak.

In the Sixteenth Annual Report (1876) of the American Asylum at Hartford, Conn., founded in 1817, which is now before me, I find its able principal, Edward C. Stone, A. M., thus expresses himself on the use of "Bell's method," (as we have endeavored to show, in a series of papers in this journal.) "We continue to use Mr. Bell's method of visible speech, and find it exceedingly valuable. It is the success which has attended visible speech which encourages teachers of articulation, and stimulates them to increased efforts in their arduous undertaking."

Those who are unable to avail themselves of this knowledge of the hidden parts of the mouth are taught by the sign language, and receive the advantages of a useful education. There is also a National college at Washington, the only one in the world, so far as I am aware, where more advanced studies can be pursued and young deaf-mutes are graduated with a standing for scholarship not inferior to that achieved by the graduates of other colleges. Many of the graduates of this valuable institution have received appointments as teachers, editors, writers, and are found in the various government offices, quite capable of performing all the duties to the entire satisfaction of the principals. These deaf-mutes are artists—engravers—and in the Centennial Exhibition will be found some most admirable pictures by them, and other products of their pencil and pen. They are also most capable handicraftsmen, and are to be found in almost all our shops and factories.

There is one radical defect in our system, in not providing that young deaf and dumb

children should enter, in every large city, a day-school, preparatory to the public institution. A few of them can be, and have been taught at home, and when this is the case their progress is much more satisfactory and rapid, owing to the training and development of the mental faculties. The greater number of mute children have no such advantages, and are permitted to pass their earlier years in utter ignorance; not only so, but they are indulged and petted, owing to their defect, and completely spoiled in their tempers and dispositions, so that they become a source of trouble to their friends, and fear to those who are about them.

What is required is the appointing of an agent from our Board of Public Charities, whose duty would be to travel throughout our City, and even the State, and hunt up the neglected deaf-mute children, and see that they are placed in suitable schools, paid for and supported by the Commonwealth. Then teachers in large cities could be supplied with cards, etc., and teach the children the alphabet, and try in every means to interest them, by developing their mental faculties. For every one thus reclaimed from ignorance, and perhaps from a life of vice and crime, the advantages resulting to the community would far more than compensate the State for the expense incurred. By the same influence older mute children, could be reclaimed, and sent to the State institutions, who would otherwise have been kept at home and deprived of all the advantages of an education. We have advocated this plan for years, and published in our State Medical Transactions the same proposition, and will continue to publish until something more is done in our city and State.

Hearing children are learning language from infancy; they are usually sent to school when from four to six years of age, and attend regularly for one or more terms each year, until they are fifteen or eighteen. The mute child, in most cases, remains at home until eight or ten, as few of the institutions receive them before ten, so that six years of instruction are lost, at the age when the child's mind is plastic, and ready to receive all that comes to it, in a docile and childlike spirit.

I am happy to state that something has been done for the young mute children, and Boston has led the way, in her admirable day-school for young children, instructing them by "Bell's" Method, under the charge of Miss Fuller. There are also three day-schools in our State, at Pittsburgh, Erie, and Allegheny City, and one in Chicago and Cincinnati. We trust more will follow their good example.

I again refer to the International Exhibition, and find in the Netherland section reports from one institution for instruction of the blind, deaf and dumb, and the feeble-minded.

In the United States we have two or three State institutions, in which the blind and the deaf and dumb are instructed together, but the feeble-minded are in institutions by themselves; one of the most admirable is at Media, Delaware

County, in our State, and is supported by private contributions, and in part by the board paid for private cases, as well as for others who are maintained from funds appropriated by the States of Pennsylvania, New Jersey and Delaware. The city of Philadelphia has also a fund upon which twelve children may be sent. The number of inmates are 221. The institution is in charge of an able superintendent, Isaac N. Kerlin, M. D.

The second institution for the instruction of the deaf and dumb in the Netherland section is situated at Groningen. Annual reports 1790-1875, with description of the institution; course of instruction for the pupils, etc.

As early as 1790, the first institution for the instruction of the deaf and dumb was founded at Groningen, Holland. This was owing to the fact that a gentleman of wealth and intelligence had two children who were deaf and dumb, and he sent them to Paris to be educated by the system of the sign language. On their return they brought with them their tutor, and by his influence and that of their father the institution was founded, and has been in successful operation eighty-six years. After a time, a second institution for the instruction of the deaf and dumb was established at Rotterdam, which is under the directorship of Mr. Hirsch, who is a supporter of the artificial method, and I cannot do better than quote a few paragraphs from an address of his on the subject of deaf-mute instruction.

"The first and principal fact that has been made patent to society is the possibility of developing, intellectually, morally and religiously, the deaf and dumb. As to the means by the aid of which instruction can and ought to be imparted to them, opinions are very diverse, often contradictory. Those diversities and contradictions of opinion have given rise to differences in methods of instruction, and to dissensions between the schools of France and of Germany." The object to be attained is to render possible the admission of the deaf mute into society by teaching him to see—that is to understand—the movements of the lips, and to speak in his turn. "To attain this end, the act of seeing or comprehending, and of speaking, must be the exclusive principle of instruction, and neither the palpable alphabet nor the language of signs can have any connection with it. It is true that the language of natural signs is the first means employed by the teacher to enter into relations with the pupil, but he does not make use of this method for any length of time, and it is abandoned as soon as it can be superseded by speech. The daily observations which I have made for more than thirty years that I have devoted to the deaf and dumb have convinced me that *the art of seeing speech in the movement of the mouth is the most important of all the branches of instruction, and that, therefore, it should be most sedulously cultivated.*

"Next to the art of seeing or understanding, the act of speaking is the principal object of

the instruction of the deaf and dumb. By this system ninety-nine out of every hundred deaf mutes may be taught, and their progress will depend entirely on the talent and patience of the teacher; this truth, too long and often too coldly doubted, is now penetrating everywhere."

In the Swiss department of the International Exhibition will be found the Regulations and Reports of the schools for Deaf Mutes of the Cantons of Vaud, Aargau, Basel, St. Gallen; and at Berne there is a school for the feeble-minded.

The Educational Department of Ontario, Canada, attracts the interest of visitors of all classes, the instruments for illustrating physical science, and the appliances for imparting instruction to the blind and the deaf and dumb being especially attractive. Dr. W. J. Palmer, the distinguished superintendent of the Deaf and Dumb Asylum at Bellville, Canada, is now in charge of this display, and is untiring in his exertions to impart to visitors all the information they can possibly desire."

What is wanted, as we have before expressed ourselves, is the combination of the two systems, as now employed in a number of the schools for the deaf mute. The sign language is admitted, by every one of intelligence, to be a most valuable aid, which cannot be dispensed with in the case of the deaf mute who has no powers of articulation. Yet, in the present advanced stage of civilization, when education of the very highest order is given as free as the air we breathe, why should the deaf mute be debarred from his full share of this good gift, if he be only capable of receiving it?

As we were about closing this letter we received from Professor Charles W. Ely, A. M., the Seventh Annual Report of the Maryland Institution for the Education of the Deaf and Dumb, for 1875-6, in which he states that the class in articulation has contained twenty-eight members in a total number of pupils of 107. The general progress of this class, as the recent examination shows, has been good, while the advancement made by certain members of it has been such as to call for special notice. I am particularly pleased and gratified with the ability which ten of these pupils have acquired to read the lips and converse.

The following facts from the same Report are worthy of recording: during the seven years of this institution's existence, the whole number of pupils was one hundred and sixty-four. "In all, one hundred and forty-seven families have been represented; in eleven of these, producing fifteen deaf and dumb children, either the father or mother had deaf and dumb relatives. In other words, only fourteen out of one hundred and sixty-four children show any hereditary taint. In neither of the two families which show the largest number of deaf mute children, is the deafness inherited."

Yours,  
L. T.

\* A Clinical Manual of the Diseases of the Ear, by Laurence Turnbull, M. D. Philadelphia, J. B. Lippincott & Co., p. 43-4.

## The Laros Poisoning Case.

ED. MED. AND SURG. REPORTER:—

The trial of Allan C. Laros for the poisoning of his father—he is also indicted for the poisoning of his mother and Moses Shug—presents a few items worthy of record in a medical journal.

The history of the crime, briefly, is: that on the evening of May 31st, 1876, the family sat down to their evening meal as usual; some of them noticed that the coffee had a "peppery" taste, and in a short time all, with the exception of Allan, who never drank coffee, were attacked with violent vomiting. This was followed by purging, pain in epigastric region, etc. Medical aid was summoned, and afterward additional assistance, and the iron antidote from Easton. Four recovered and three died, Mrs. Laros in about twelve hours, Mr. Laros in about eighteen hours, and Moses Shug in about thirty six hours. The coffee-pot was found to contain a large quantity of a white powder, which, along with the coffee decoction, was preserved. Post-mortem examinations were made, and the stomach, with a portion of the small intestine, preserved for analysis. Without looking into the moral evidence, I propose to give a few points of the evidence for prosecution and defense.

The commonwealth endeavored to show that the symptoms and history of the case were such as to lead the attending physicians to diagnose arsenical poisoning. That they did so regard it was shown by the use of the antidote before any analysis was made. The defense, however, in their cross-examination obtained the opinion that it was not possible in every case to diagnose arsenical poisoning by symptoms alone. They then tried to explain the symptoms by other diseases, cholera morbus more especially. The chief difficulty was the presence of bloody stools. One physician thought he had seen bloody stools in cholera morbus, and Dr. Fields testified to have seen bloody stools quite frequently in *Asiatic cholera*, an observation which should be noted by the authorities on practice of medicine. The more carefully framed opinions, however, were that the symptoms resembled those of an irritant poison, which, when taken with the history of the case, made a very strong probability as to that poison being arsenic. The post-mortem examination, made by Dr. Fields, spoke of erosions (this in case of Mr. Laros only; the condition of the others was not presented as evidence) of the mucous membrane of the œsophagus, of a very inflamed condition of the exterior of the stomach, of perforation of the small intestines. In his opinion, cholera morbus might have been the cause of death, though all the appearances could be produced by arsenic.

Dr. McIntire, who made the chemical examination, reported nothing of perforation of that portion of the small intestines submitted to him. He, however, reported not only a redness, but the occurrence of the small petechia so frequently found in arsenical poisoning. In his

opinion of the cause of death, he confined himself to the idea of great irritation and inflammation, characteristic of arsenic, and a great probability of that agent. His chemical examination proved clearly the presence of arsenic in the white residue and the coffee. A quantitative examination of the coffee proved the presence of twelve and a quarter grains to the fluid ounce, a much larger quantity than is put down in the books as soluble in coffee. He presented, however, the results of experiments, showing that even a greater quantity was capable of being dissolved, and gave as his opinion, from the results of his experiments, that the arsenic and coffee must have been boiling together for quite a while in order to dissolve so much. As to the taste of an arsenical coffee solution, his experiments caused him to conclude that it had a pungent taste resembling pepper. This observation was confirmed by experiments by Dr. Green. The analysis of the stomach revealed but an infinitesimal portion of arsenic, a few well defined octahedra being found after separating the arsenic from the solution of the stomach by Reinsch's process, and carefully heating in a closed tube. He testified that this came from the stomach, and not the reagents, because the solution of the intestines, put through the same process, with the same chemicals, yielded negative results. He could not determine the cause of death from the chemical analysis. The liver was not furnished him, and consequently was not examined.

Another instance of the early removal of arsenic from the stomach is thus put on record; the great value is lost by the non-examination of the liver. The defense endeavored to prove the possibility of the presence of octahedral crystals of codeia, since the deceased had taken some laudanum. The answer was that codeia did not exist in the free state, and that the means employed would not separate it. This includes the chief part of the expert testimony, which was weak because not complete—neither vomit, nor urine, nor liver being analyzed. Nor, perhaps, was it strictly correct to find perforation of the intestines without making a more careful examination than could be done at the time of making the post-mortem, and, perhaps, from the extreme rarity of the lesion, it would have been better to have preserved them, so that the accuracy of the observation could have been determined.

The theory of the defense was epileptic insanity. They adduced evidence from his family and friends that he was subject to "spells," in which there was a claspings of the thumbs, paleness of the face, spasmodic action of the muscles, unconsciousness, a want of recollection of what had transpired, peevishness either before or after his attacks, staggering of gait, hallucinations after the spasm, at which time he would sometimes be destructive. At no time was there frothing at the mouth, distention of the veins of the neck, nor lividness of countenance. Nor did all the symptoms above indicated occur in every attack. The only time

when a physician was called, some four years previous, epilepsy was not diagnosed. After the arrest these attacks became more frequent, but being nocturnal in character, for a while were not observed by the jail physician. When observed, however, he applied various tests for unconsciousness, such as the use of snuff, dropping burning sealing wax on different parts of the body, without eliciting any signs of sensation. He pronounced the disease epilepsy, and gave as his opinion, based upon his observations and the testimony, showing the occurrence of several "spells" for two or three days preceding and after the alleged act, that, at the time, the prisoner was not criminally responsible. On cross-examination, it was asked whether a man who was laboring under an attack of epileptic insanity could teach a country school intelligently, as the prisoner had done. The reply was that he could, since he might be able to pursue his ordinary avocation automatically.

The most important opinion as to the prisoner's insanity was that of Dr. John Curwen, of the State Hospital for the Insane at Harrisburg. His opinion was really twofold. The hypothetical question presented by the prosecution presented most strongly the general behavior of the prisoner, and the opinion was positive that he was criminally responsible. The hypothetical question of the defense magnifies very much the character of the attacks about the time, and the opinion was that it might be possible, since the limits of possibility could not be bounded. He was also of the opinion, from the detail of the symptoms, that the attacks were not those of true epilepsy. The evidence is all in and the pleading has begun; what the verdict may be is of no professional interest. The trial was but another example of the necessity of a reform in the method of examining expert witnesses. What shall it be?

Easton Pa., Aug. 28th, 1876.

X.

## NEWS AND MISCELLANY.

### The International Medical Congress.

The formal opening of the sessions of the International Medical Congress took place on Sept. 4th, in the hall of the University of Pennsylvania.

At noon precisely the session began with prayer by Bishop Stevens, of the Protestant Episcopal Diocese of Pennsylvania. Professor Samuel D. Gross, of this city, then delivered the address of welcome to the delegates.

The address of Dr. Gross was followed by an address on medicine by Dr. Flint, Professor of Medicine in Bellevue Hospital Medical College, New York. The committee on nominations previously appointed presented a report recommending as officers of the Congress—

*President*—Dr. S. D. Gross, Philadelphia.

*Vice-Presidents*—Dr. Paul F. Eve, Tennessee; Dr. Jolliffe Tutnell, Dublin; Dr. W. L.

Atlee, Philadelphia; Dr. C. Large, Copenhagen; Dr. J. B. Johnson, St. Louis; Dr. T. Seneleider, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania; Dr. S. G. Richardson, New Orleans; Dr. William H. Kingston, Montreal; Dr. J. P. White, New York; Dr. H. Mujake, Japan; Professor N. R. Smith, Baltimore; Professor Rudnon, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Professor Hueter, Griefswald; Dr. G. L. Collins, R. I.; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. P. De Basiens, Belgium; Dr. N. S. Davis, Chicago; William Adams, Esq., London, England; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

*Honorary Vice-Presidents*—Surgeon General Barnes, U. S. A.; Surgeon General Beale, U. S. N.

*Secretary General*—Dr. S. Mines Hays.

*Assistant Secretaries*—Dr. William B. Atkinson, Dr. R. J. Duglison, Dr. R. A. Cleaman, Dr. W. W. Keen, Dr. Bertolet.

*Section of Medicine*.—Chairman, Professor A. Stillé; Secretary, Dr. J. Ewing Mearns.

*Biology*.—Chairman, Professor J. C. Dalton; Secretary, Dr. J. Tyson.

*Surgery*.—Chairman, Professor Joseph Lieter; Secretary, Dr. J. H. Packard.

*Dermatology and Syphilology*.—Chairman, Dr. J. C. White; Secretary, Dr. A. Van Harlingen.

*Obstetrics*.—Chairman, Professor Barnes, of England; Secretary, Dr. William Goodell.

*Ophthalmology*.—Chairman, Dr. R. Brudenell Carter; Secretary, Dr. J. Green.

*Otology*.—Chairman, Dr. L. Turnbull; Secretary, Dr. C. H. Burnett.

*Sanitary Science*.—Chairman, Dr. Stephen Smith; Secretary, Dr. E. M. Hunt.

*Mental Diseases*.—Chairman, Dr. J. P. Gray; Secretary, Dr. W. Kempster.

The nominations were ratified by acclamation. In the evening there was a public reception by the medical professors of this city, in the Judges' Hall, on the Exhibition grounds.

In future numbers we shall give abstracts of some of the papers read, and the details of the proceedings.

### Personal.

—A pugilist was killed in a prize fight near this city, August 31st. "Two Philadelphia physicians" were reported present in disguise, but extended no aid to the murdered man. Let us have their names.

### QUERIES AND REPLIES.

*Dr. W. H. C.*—On hay fever consult Dr. Beard's recent work, reviewed in this Journal September 2d.

*Dr. W. R. P., of Virginia*, desires the experience of others as to the most successful plan of treating the scrofulosis so prevalent among the mulatto population of the South.